

**UNIVERSITY OF NORTH CAROLINA
AUTHORIZATION FOR 403(b) SALARY REDUCTION/DEDUCTION AGREEMENT (SRA)**

I authorize The University of North Carolina, through its constituent institution or affiliate, at which I am an eligible Employee (hereinafter "UNC"), to reduce my salary in the amount specified below for (i) the purchase of the specified annuity or (ii) investment in a mutual fund account, with respect to amounts earned subsequent to the date of this Agreement. I also request UNC to purchase for me an annuity contract and/or mutual fund account in accordance with the provisions of Section 403(b) of the Internal Revenue Code of 1986 as amended (the "Code").

A. UNC Institution: NC STATE UNIVERSITY

B. Employee Information:

Name: First: _____ MI: _____ Last: _____ **Employee ID:** _____

Department: _____ **Work Phone:** _____ **Work Email:** _____

Check if applicable: I also make contributions through payroll deduction to the State's 401(k) Plan. Contributions to the State's 401(k) must be coordinated with 403(b) not to exceed the combined annual contribution limit.

C. Salary Reduction Agreement:

Select one: New Enrollment Change Enrollment One-time Contribution (the amount you list will load on top of your existing contribution or percentage) Cancel Enrollment

Pay Cycle: Monthly Bi-Weekly

Employee Reduction/Deduction Amount*: (Specify \$ amount or % to be payroll deducted from each pay check.)

Fidelity pre-tax: \$ _____
 Fidelity Roth post-tax: \$ _____
 TIAA-CREF pre-tax: \$ _____
 TIAA-CREF Roth post-tax: \$ _____

*Amount/Percent listed above will be deducted each payroll and may be changed anytime by completing a new SRA form.

Catch-up Contributions: I am age 50 or older and therefore eligible to contribute up to an additional \$6,000 to my 403(b) account in 2015, in addition to the general limit listed above.

Check if applicable: I elect the age 50 or over additional catch-up option, not to exceed the IRC Section 414(v) limit.

Date of Birth: _____ / _____ / _____
 Month Day Year

D. Effective Date: Make this election effective as of the date below OR the first available Payroll after this date.

Effective date: _____ / _____ / _____
 Month Day Year

E. Contribution Limits:	Calendar	Calendar Year	Regular	Age 50+*
	<u>Year</u>	<u>Minimum</u>	<u>Limit</u>	<u>Catch-up</u>
	2016	200	\$ 18,000	\$ 6,000

F. Employee's Authorization

I understand that accepting all of the above **Terms and Conditions of Participation** below are required for me to participate in the Plan. I have read the above **Terms and Conditions of Participation** and agree to be bound by them.

Employee Signature

Date

Submit Completed form to NC State's HR Benefits Office

Mailing Address:
 Campus Box 7215
 Raleigh, NC 27695-7215

Fax Number: 919-513-2528
 scan/email to: hrsbenefits@ncsu.edu